

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10644367 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
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4	/					
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TOTAL DEP.	14	←	→	→	→	→
TOTAL CLAIMS	15	██████	██████	██████	██████	██████

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